



Oral health access/infrastructure

“Maintenance of oral health through a lifetime requires timely receipt of advice for self-care, preventive therapies, early detection and treatment of problems, and restoration of function.”¹

What are the Public Health Issues? Oral health is integral to general health.¹ The following three issues have contributed to a large underserved population. This population primarily consists of low income, minority, and medically and developmentally compromised persons who have difficulty obtaining dental care and who suffer from poor oral health.

1. **Uninsured:** Nationally, for every child without medical insurance, there are 2.6 children without dental insurance (23 million uninsured children).² For every adult without medical insurance, there are three adults without dental insurance (85 million uninsured adults).³
2. **Medicare/Medicaid coverage:** Medicare does not provide coverage for routine dental care, and Medicaid offers limited coverage for those over 20 years of age. Medicaid providers have traditionally faced low reimbursement rates and cumbersome reimbursement procedures that have often hindered their abilities to care for Medicaid beneficiaries.

Disparities in oral health for underserved:⁶

- *Poor children suffer 2 times the decay, and are 3 times as likely to have unmet oral health needs*
- *<20% of Medicaid children receive preventive dental services*
- *25% of poor children never visit a dentist before kindergarten*
- *Uninsured children are 2.5 times less likely to receive dental care as insured children*
- *14.2% of uninsured vs. 6.6% insured reported no dental visit in last five years.*¹

3. **Manpower/“Safety net:”** In 1998, less than 1% of dentists worked as public health specialists and less than 13% of the population served by community health centers received basic dental care.^{4,5} Only 4% of dental care is publicly funded compared to 32.2% of medical care.¹

What about Maine?

1. **Insurance:** Based on a national survey, it is estimated that almost 85% of Maine’s seniors are without dental coverage.⁷ At the other end of the age spectrum, data from the 1999 Smile Survey indicate that the most common reasons why Maine’s children do not get dental care when they need it are (1) inability to pay for it, (2) lack of insurance, and (3) dentist not accepting Medicaid/insurance.⁸
2. **Manpower/“safety net”:** Of 50 community health center sites, only 7 have on-site dental services with sliding fee scales. Beyond that, there are 8 private non-profit dental clinics and one municipally-run city dental clinic. There is neither a dental school nor a hospital with a dental department in Maine. Maine also has a shortage of dentists: 2165 residents per dentist in Maine vs. 1656 residents per dentist nationwide.⁹ All of Maine’s 16 counties include groups of communities designated as Dental Health Professional Shortage Areas.
3. **Medicaid:** While the Maine legislature has worked to diminish the “red tape” associated with reimbursement procedures, Medicaid reimbursement rates are below the 10th percentile for general dental fees in New England.¹⁰

What is Maine doing?

- **Maine Dental Education Loan and Repayment Programs:** These programs provide up to \$80,000 in dental school loans or loan repayment for dentists who practice in underserved areas (\$20,000 per year for four years)
- **Dental Practice Act and Supervision of Dental Hygienists:** Recent changes in Public Health Supervision Status allow dental hygienists to practice in public health settings such as school health centers, community clinics and public hospitals without the direct supervision of dentists.
- **The Dental Services Development and Subsidy Program:** Provides support to community agencies to develop community-based dental programs and to keep services affordable for those eligible for sliding fee scales, i.e., those who are uninsured or underinsured for dental care.
- **Maine School Oral Health Program:** Provides education and preventive services to low-income, at-risk children in kindergarten to grade 6 through school settings.
- **Early Childhood Caries Prevention and Intervention Program:** Will train medical providers to promote oral health care in young children.
- **Miles for Smiles:** A partnership between Anthem Blue Cross/Blue Shield and the Penobscot Community Health Center in Bangor that provides access to oral health services for underserved populations by using a mobile dental unit that will travel through five rural counties.
- **Medicaid reimbursement rates for dentists:** Although a legislative proposal in 2002 to increase all dental reimbursement rates was not funded, funding was secured to increase reimbursement on certain common procedures. Other policy changes should relieve some of the administrative “red tape” associated with dentists’ participation in Maine Medicaid.
- **Dental Residency:** Following a legislatively mandated feasibility study in 1999, Maine has pursued the development of a general practice residency program with strong pediatric and rural components. An ad hoc consortium of interested groups worked on funding and accreditation proposals. The residency program may begin in 2005.

Healthy Maine 2010 Developmental Objectives: ¹¹

- ✓ *Increase the number of dental providers located in designated Dental Health Professional Shortage Areas where Medicaid-eligible individuals are able to receive dental care.*
- ✓ *Increase the geographic areas in Maine that have comprehensive oral health initiatives that include such components as school-linked oral health programs, community water fluoridation, and nonprofit dental centers.*

Strategies for Maine’s future:

- ✓ *Continue funding and supporting above mentioned programs and legislative initiatives.*
- ✓ *Increase ratio of dentists/population in rural areas.*
- ✓ *Increase Medicaid reimbursement rates.*
- ✓ *Support programs to expand insurance coverage (employer-based coverage).*
- ✓ *Support efforts for data collection and surveillance to better understand Maine's access needs.*
- ✓ *Support proven community based prevention strategies (water fluoridation and sealant programs).*
- ✓ *Encourage community health centers to include dental health component.*
- ✓ *Support mobile/portable dental services where appropriate and feasible.*

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